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Request

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

PCT/US 03/24700

International Application No.

08 AUG 2003

(08.08.03)

International Filing Date

PCT INTERNATIONAL APPLICATION RO/US

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum)

54030WO

Box No. I TITLE OF INVENTION MODIFIED-RELEASE TABLET OF BUPROPION HYDROCHLORIDE	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
BIOVAIL LABORATORIES INC. CHELSTON PARK, BUILDING 1, GROUND FLOOR COLLYMORE ROCK, ST. MICHAEL BARBADOS, WEST INDIES	
State (that is, country) of nationality: <input type="checkbox"/> State (that is, country) of residence: <input checked="" type="checkbox"/> West Indies	
This person is applicant <input type="checkbox"/> all designated states <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
OBEREGGER, Werner 6653 Harlow Road Mississauga Ontario L5N 4T4	
State (that is, country) of nationality: <input type="checkbox"/> State (that is, country) of residence: <input type="checkbox"/> Canada	
This person is applicant <input type="checkbox"/> all designated states <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country..)	
ELAMRANI, Samir ^{Ph.D.} CROWELL & MORING, LLP Intellectual Property Group P.O. Box 14300 Washington, DC 20044-4300 <input checked="" type="checkbox"/> US	
Telephone No. (202) 624-2500	
Facsimile No. (202) 628-8844	
Teleprinter No.	
Applicant's registration No. with the Office 44,872	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Form PCT/RO/101 (first sheet)

See Notes to the request form

▲ RO/US

Sheet No.

3

Box No. V	DESIGNATION OF STATES	Mark the applicable check-boxes below; at least one must be marked																																																																																							
<p>The following designations are hereby made under Rule 4.9(a): Regional Patent</p> <p><input checked="" type="checkbox"/> AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)</p> <p><input checked="" type="checkbox"/> EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT</p> <p><input checked="" type="checkbox"/> EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT</p> <p><input checked="" type="checkbox"/> OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, sped on dotted line)</p>																																																																																									
<p>National Patent (if other kind of protection or treatment desired, specify on dotted line):</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> AE United Arab Emirates</td> <td><input checked="" type="checkbox"/> GM Gambia</td> <td><input checked="" type="checkbox"/> NZ New Zealand</td> </tr> <tr> <td><input checked="" type="checkbox"/> AG Antigua and Barbuda</td> <td><input checked="" type="checkbox"/> HR Croatia</td> <td><input checked="" type="checkbox"/> OM Oman</td> </tr> <tr> <td><input checked="" type="checkbox"/> AL Albania</td> <td><input checked="" type="checkbox"/> HU Hungary</td> <td><input checked="" type="checkbox"/> PH Philippines</td> </tr> <tr> <td><input checked="" type="checkbox"/> AM Armenia</td> <td><input checked="" type="checkbox"/> ID Indonesia</td> <td><input checked="" type="checkbox"/> PL Poland</td> </tr> <tr> <td><input checked="" type="checkbox"/> AT Austria</td> <td><input checked="" type="checkbox"/> IL Israel</td> <td><input 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<p>Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																	
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<p>Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)</p>																																																																																									

Sheet No. 2

Continuation of Box No. III

FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Okpo Eradiri
43616 Winthrop Court
Ashburn, VA 20147
▲ US

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
Canadian, Nigerian

State (that is, country) of residence:
United States

This person is applicant all designated states all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Fang Zhou
5337 Sammie Kay Lane,
Centreville, VA 20120
USA

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
Canada

State (that is, country) of residence:
United States

This person is applicant all designated states all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Paul Maes
266 Spadina Road
Toronto, Ontario
Canada M5R 2V1

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
Belgium

State (that is, country) of residence:
Canada

This person is applicant all designated states all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

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State (that is, country) of residence:

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Further applicants and/or (further) inventors are indicated on a continuation sheet.

▲ RO/JS

Sheet No.

3

Box No. V DESIGNATION OF STATES *Mark the applicable check-boxes below; at least one must be marked*

The following designations are hereby made under Rule 4.9(a): Regional Patent

AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (*if other kind of protection or treatment desired, specify on dotted line*)

EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (*if other kind of protection or treatment desired, sped on dotted line*)

National Patent (*if other kind of protection or treatment desired, specify on dotted line*):

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<input checked="" type="checkbox"/> CU Cuba	<input checked="" type="checkbox"/> LU Luxembourg	<input checked="" type="checkbox"/> TZ United Republic of Tanzania
<input checked="" type="checkbox"/> CZ Czech Republic	<input checked="" type="checkbox"/> LV Latvia	<input checked="" type="checkbox"/> UA Ukraine
<input checked="" type="checkbox"/> DE Germany	<input checked="" type="checkbox"/> MA Morocco	<input checked="" type="checkbox"/> UG Uganda
<input checked="" type="checkbox"/> DK Denmark	<input checked="" type="checkbox"/> MD Republic of Moldova	<input checked="" type="checkbox"/> US United States of America
<input checked="" type="checkbox"/> DM Dominica	<input checked="" type="checkbox"/> MG Madagascar	<input checked="" type="checkbox"/> UZ Uzbekistan
<input checked="" type="checkbox"/> DZ Algeria	<input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia	<input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines
<input checked="" type="checkbox"/> EC Ecuador	<input checked="" type="checkbox"/> MN Mongolia	<input checked="" type="checkbox"/> VN Viet Nam
<input checked="" type="checkbox"/> EE Estonia	<input checked="" type="checkbox"/> MW Malawi	<input checked="" type="checkbox"/> YU Yugoslavia
<input checked="" type="checkbox"/> ES Spain	<input checked="" type="checkbox"/> MX Mexico	<input checked="" type="checkbox"/> ZA South Africa
<input checked="" type="checkbox"/> FI Finland	<input checked="" type="checkbox"/> MZ Mozambique	<input checked="" type="checkbox"/> ZM Zambia
<input checked="" type="checkbox"/> GB United Kingdom	<input checked="" type="checkbox"/> NO Norway	<input checked="" type="checkbox"/> ZW Zimbabwe
<input checked="" type="checkbox"/> GD Grenada		
<input checked="" type="checkbox"/> GE Georgia		
<input checked="" type="checkbox"/> GH Ghana		

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (*Confirmation (including fees) must reach the receiving Office within the 15-month time limit.*)